

**MIHP Certification Review Exit Meeting
Preliminary Findings of *Not Met* Indicators**

Date _____ Provider Agency _____

The findings discussed at this exit meeting are **preliminary** until approved by the MDCH MIHP Program Manager. Within 30 days of this review, you will receive a certification status notification letter. It will state that within 21 days of receipt of the letter, you must submit a *Corrective Action Plan* addressing each *Not Met* indicator. **However, corrective actions should be initiated immediately for each of the *Not Met* indicators identified below.**

<i>Not Met</i> Indicator Number	Critical Indicator Y or N	Provider Notes

MIHP Coordinator _____
Print Name Signature

MIHP Reviewer _____
Print Name Signature